SENDER: COMPLETE THIS SECTION DOC	GOMPLETE THE SECTION TARGETY PAGE 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee
1. Article Addressed to:	If YES, enter delivery address below: ☐ No
Herris Pest and Jernite Control, Line	P.O. Box 477 Enfaula, A1. 3607_
137 000	3. Service Type
-d 1 0 1 127	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
20 C 00 3 11 11	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 2510	0007 6748 3911

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540